

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006394

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

144

Primary Registration District No.

5562

Registrar's No.

30

STATE FILE NUMBER

FILED MAR 5 1962

1. PLACE OF DEATH

a. COUNTY

Iron

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Rural-Arcadia

Length of stay in 1b

9mo. 1da

c. CITY

OR TOWN Rural-Arcadia

Inside Limits

Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR The Home for Aged
INSTITUTION Baptists

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

1 1/2 mi. E. on Hwy. 72

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Maude

Middle

Drewcilla Ramey

Last

4. DATE

Month

Day

Year

OF DEATH

Feb. 21, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

6/10/1888

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (City and state or country)

Grubville, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Richard Wideman

13b. MOTHER'S MAIDEN NAME

Margaret Hood

14. NAME OF HUSBAND OR WIFE

Bert Ramey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Dolores Weiss, Ironton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 20, 1961, to Feb. 21, 1962 and last saw her alive on Feb. 19, 1962

Death occurred at 3:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Marvin Kerner MD

22b. ADDRESS

Ironton, Missouri

22c. DATE SIGNED

2-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

2/23/1962

23c. NAME OF CEMETERY OR CREMATORY

Calvey Cemetery

23d. LOCATION (City, town, or county)

Robertsville, Mo.

(State)

24. FUNERAL DIRECTOR

White Funeral Home, Ironton, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

2-23-62

26. REGISTRAR'S SIGNATURE

Mrs. Aris Jones

(Licensed Embalmer's Statement on Reverse Side)

MAR 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lyle N. White

Licensed Embalmer No. 4295

P. O. Address Ironton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.